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DECLARATION FOR UTILITY OR	Attorney Docket Number	578-0012A	
DESIGN	First Named Inventor	STEVEN H. WALKER	
PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN		
	Application Number		
X Declaration Declaration	Filing Date		
Submitted OR Submitted after Initial with Initial Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit		

	requirea)	Examiner Name	<u>e                                      </u>	<u></u>	
As a below named inventor, I he	ereby declare that:				
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nar	ne.		
I believe I am the original, first and names are listed below) of the sub	d sole inventor (if only or bject matter which is cla	ne name is listed below) imed and for which a pat	or an original, firs tent is sought on t	it and joint inventor (	(if plural
STRUCTURAL METAL N					<u>I.</u>
	(Title of	the Invention)			
the specification of which	\ \	не шчениону			
X is attached hereto					
OR was filed on (MM/DD/YYYY)	1	as United S	tates Application	Number or PCT Inte	ernational
Application Number	and was a	amended on (MM/DD/YY	YY)	(	(if applicable).
I hereby state that I have reviewed amended by any amendment spec	d and understand the co- cifically referred to above	ntents of the above ident e.	tified specification	i, including the claim	ns, as
I acknowledge the duty to disclose in-part applications, material inforn PCT international filing date of the	e information which is ma mation which became av continuation-in-part app	aterial to patentability as ovailable between the filing plication.	g date of the prior	application and the	national or
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					country other
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?
Additional foreign application i	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02R attached heret	.o.

[Page 1 of 2]

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Laber		OR X Co	rrespondence address below		
Name CLIFFORD G. FRAYNE					
Address 136 Drum Point Road, Suit	e 7A				
City Brick	Sta	ate NJ	<sub>ZIP</sub> 08723		
Country US Tel	ephone 732-262	2-2075	Fax 732-262-2081		
I hereby declare that all statements made herein of my dare believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, uvalidity of the application or any patent issued thereon.	its were made with the	knowledge that willful f	alse statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :	A petition has t	peen filed for this un	signed inventor		
Given Name (first and middle [if any]) STEVEN H.	i i	mily Name Surname WALKER			
Inventor's Signature			Date 6/16/01		
			,		
Residence: City Windermere	State FL	Country US	Citizenship US		
Mailing Address 906 Oakdale Street	T				
City Windermere	State FL	ZIP 34786	Country US		
NAME OF SECOND INVENTOR:	A petition has be	en filed for this unsi	gned inventor		
Given Name (first and middle [if anyl) RAYMOND C.	21 1	nily Name Surname FROBOS	SILO		
Inventor's Signature Laborate Date 6/19/01					
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Mailing Address 253 Blackheath Road					
City Lido Beach	State NY	ZIP 11561	Country US		
Additional inventors are being named on thest	pplemental Additional	inventor(s) sheet(s) PTO	/SB/02A attached hereto.		

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Application Number		
Filing Date		
First Named Inventor	STEVEN H. WALKER	
Group Art Unit		
Examiner Name		
Attorney Docket Number	578-0012A	

Pra OR	appoint: actitioners at C	ustomer Number  med below:  Name		Registrati	Place Cust Number Ba Label here ion Number	ar Code
	CI, IFFORD G. FRAYNE 27,637					
		agent(s) to prosecute the application States Patent and Trademark Office co				act all
	-	spondence address for the above-ider ed Customer Number.	ntified a	application t	to:	
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Address		Suite 7A				
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Telephone		732–262–2075	Fax	732-262	-2081	
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.						
\(\frac{1}{2}\)	atement under	37 CFR 3.73(b) is enclosed. (Form P	· .	<del>-                                    </del>		
	I _	SIGNATURE of Applicant or Assign	nee of	Record		
Name	RAMM	OND C. FROBOSILO				
Signature	Ka	ething Fiolosil	2			
Date		6/19/01				
NOTE: Signatur forms if more that	es of all the inven an one signature i	tors or assignees of record of the entire interest s required, see below*	t or their	representativo	e(s) are require	ed Submit multiple
☐ *Total of	~~~	ms are submitted.				

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Filing Date		
First Named Inventor	STEVEN H. WALKER	
Group Art Unit		
Examiner Name		
Attorney Docket Number	578-0012A	

Practitioners at Customer Number OR  Name Registration Number CLIFFCRD G. FRAYNE  27,637  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR	I hereby appoint:			!		
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Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  The above-mentioned Customer Number.  OR  The above-mentioned Customer Number.  OR  CLIFFORD G. FRAYNE  Address  136 Drum Point Road  Address  Suite 7A  City  Brick  State NJ Zip 08723  Country  US  Telephone  732-262-2075  Fax 732-262-2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name  STEVEN WALKER  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	CLIFFORD	G. FRAYNE	2	7,637		
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  The above-mentioned Customer Number.  OR  The above-mentioned Customer Number.  OR  CLIFFORD G. FRAYNE  Address  136 Drum Point Road  Address  Suite 7A  City  Brick  State NJ Zip 08723  Country  US  Telephone  732-262-2075  Fax 732-262-2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name  STEVEN WALKER  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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X   Firm or   Individual Name   CLIFFORD G. FRAYNE	The above-mention	espondence address for the above	-identified a	application	to:	
Address 136 Drum Point Road  Address Suite 7A  City Brick State NJ Zip 08723  Country US  Telephone 732–262–2075 Fax 732–262–2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name STEVEN H. WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		ned Customer Number.				
Address 136 Drum Point Road  Address Suite 7A  City Brick State NJ Zip 08723  Country US  Telephone 732–262–2075 Fax 732–262–2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96).  SIGNATURE of Applicant or Assignee of Record  Name STENDAR WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		T				
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City Brick State NJ Zip 08723  Country US  Telephone 732–262–2075 Fax 732–262–2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name STEVEN B. WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*						
Country  US  Telephone 732–262–2075 Fax 732–262–2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record  Name STEVEN WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	Address	Suite 7A				
Telephone 732–262–2075 Fax 732–262–2081  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96).  SIGNATURE of Applicant or Assignee of Record  Name STEVEN H. WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	City	Brick	State	LN	Zip 08723	
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Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	^ ^ ~ ~ · · · · · · · · · · · · · · · ·					
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Name  STEVENH WALKER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*						
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Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name STE	BO H. WALKER				
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